

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PT-047)							FILING NO. 70/035783		FILING DATE	
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.	
1	/		/		/		51			
2		/		/		/	52			
3		/		/		/	53			
4		/		/		/	54			
5		/		/		/	55			
6		/		/		/	56			
7		/		/		/	57			
8		/		/		/	58			
9		/		/		/	59			
10		/		/		/	60			
11		/		/		/	61			
12		/		/		/	62			
13		/		/		/	63			
14		/		/		/	64			
15		/		/		/	65			
16		/		/		/	66			
17		/		/		/	67			
18		/		/		/	68			
19		/		/		/	69			
20		/		/		/	70			
21		/		/		/	71			
22		/		/		/	72			
23		/		/		/	73			
24		/		/		/	74			
25		/		/		/	75			
26		/		/		/	76			
27		/		/		/	77			
28		/		/		/	78			
29		/		/		/	79			
30		/		/		/	80			
31		/		/		/	81			
32		/		/		/	82			
33		/		/		/	83			
34		/		/		/	84			
35		/		/		/	85			
36		/		/		/	86			
37		/		/		/	87			
38		/		/		/	88			
39		/		/		/	89			
40		/		/		/	90			
41		/		/		/	91			
42		/		/		/	92			
43		/		/		/	93			
44		/		/		/	94			
45		/		/		/	95			
46		/		/		/	96			
47		/		/		/	97			
48		/		/		/	98			
49		/		/		/	99			
50		/		/		/	100			
TOTAL NO.	1		1		1		TOTAL NO.			
TOTAL DEP.	25		28		32		TOTAL DEP.			
TOTAL FEE	29		29		29		TOTAL FEE			

BEST AVAILABLE COPY